

The New Brunswick
Community Health Needs Assessment



Foreword

The material in this document has been gathered mainly from research papers on better practices for primary health care and community health needs assessment tools used by other provinces.

This document is intended to be a resource base to assist in the process of carrying out a community health needs assessment and is not intended to be prescriptive. Different communities may use different parts of this or other information based on community need and preference.

A Community Health Needs Assessment involves systematically collecting and analyzing information about health. The goal of this process is to encourage public and community participation and to provide Regional Health Authorities with the necessary information to identify their communities' health issues (needs) and existing resources (assets) in order to establish priorities for the development of programs or services.

The overall goal is to arrive at a prioritized list of health issues (needs) that would inform decision-makers regarding the allocation of health resources.

In addition to this goal, the process is also intended to encourage the involvement of communities by strengthening the participation and collaboration of individuals, groups, and organizations in the community. The process provides an opportunity to facilitate civic engagement in a meaningful, inclusive, collaborative and transparent manner.

It is not possible to capture all the information on the theory and practice of community health needs assessment available in this document. An annotated reference list has been included to provide additional sources of assistance.



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Section 1: Introducing Community Health Needs Assessment(CHNA):

1.1 What is a Community Health Needs Assessment?

A Community Health Needs Assessment (CHNA) is an ongoing appraisal of community health. The CHNA is an attempt to measure health priorities of individuals and community. It involves:

- gathering information about health (fact and opinions);
- gathering information about health resources available in the community (assets);
- determining what issues are most important for the community (priorities);
- building commitment and support to work on addressing community health (partnership).

The CHNA includes an appraisal of the community's issues, but it is more than a health assessment. The CHNA emphasizes the community's health assets, that is, the people and resources already available in the community. With this method, members of the community and decision-makers can see where the community is now (health status) and what the primary concerns of the community are (the issues). In this way, they can plan to address these issues using the assets and resources within the community.

1.2 Why do a Community Health Needs Assessment?

A healthy community is more than just a goal: it is a process in which each community decides its own issues and develops its own responses.

More and more people are recognizing that personal and community "health" is about more than the kind of services offered at the local hospital. Health is not just the absence of illness, but the active pursuit of wellness.

Conducting a CHNA will start the community on the path of wellness by identifying resources in the community and matching these assets to issues the community identifies. In this way, the community can help change the direction of health services to better serve its members.

Section 2: Community Health Needs Assessment Process:

Depending on the time and available resources, the CHNA process can take anywhere from 4 – 6 months to 1 – 2 years.

A CHNA, as a process, has many benefits:

- it involves many sectors of the community;
- it gives a clearer picture of the issues;
- it raises awareness about health;
- it lays the foundation for successful action; and
- it helps to ensure the appropriate use of resources.

The CHNA process outlined in this guide is one way to encourage community members to participate in decisions regarding their health system.

2.1 Phases of a CHNA:

The five phases of a CHNA are:

1 – Orientation Phase:

In this phase a group of people who would join together as an Organizing Team are identified. This team will be the leadership in developing and implementing the CHNA process.

2 – Design Phase:

In this phase the challenge for the Organizing Team is to develop a plan of action which outlines what information is needed, where it is to be found, how it will be collected, and by whom.

3 – Collecting Phase:

The collection of information (data) usually happens when members of the sub-committees go out into the community to implement the strategies identified by the Organizing Team i.e. surveys, focus groups, public forums, reports, consultations, meetings, etc...

4 – Analyzing Phase:

In this phase the Organizing Team gathers and analyzes the information obtained by the sub-committees. The information obtained should reflect both the community's issues and assets. It is important to keep all stakeholders and community members actively involved and informed throughout this process.

5 – Priorizing Phase:

The goal of this phase is to take all the community's issues and assets identified by the CHNA process and to get the stakeholders and community members to identify a list of priorities for the issues. They also need to make a list of appropriate assets for each issue the community has identified as a priority.

2.2 The Five Phases of the CHNA Process With Identifying Steps

Phase	Type	Steps
1	Orientation Phase	-establishing your Organizing Team -discuss their understanding of CHNA -discuss their vision and mission -build relationships -build leaderships -define their roles and responsibilities
2	Designing Phase	-define the community profile -identify source local data -identify tools to be used to collect data -recruit volunteers for sub-committees -identify strategies for public education -identify tasks to be done
3	Collecting Phase	-organize sub-committees -provide leadership and support -collect qualitative and quantitative data -complete demographic profile -collect community assets and community issues -assign tasks -identify deadlines -keep people involved and informed
4	Analyzing Phase	-inventory of all issues identified by community -inventory of all community's assets -analyze all data collected -analyze behavior risk factors -provide support and leadership -share outcome with community for feedback
5	Priorizing Phase	-identify a priority list of issues with the community -identify a list of appropriate assets with each priority issue identified by the community -keep all stakeholders and community members informed of the outcome -very important to allow the community members to identify the priority and assets -ask the community members, "What's next?"

Section 3:

Orientation Phase:

3.1 Is Your Organizing Team Ready to Begin the CHNA?

Before the Organizing Team begins to get involved in collecting data, doing surveys and conducting focus groups, it should feel confident that it is ready to begin this work. An Organizing Team should evaluate itself against some of the following criteria before moving on with the next steps:

- *an Organizing Team of about 8-12 people is in place, representing concerned citizens, variety of service providers and other members of the community at large;*
- *the Organizing Team is ready to manage the responsibility of continued Community Health Centre (CHC) development activities;*
- *there are signs that the community has health & wellness issues that are currently not being met effectively and are considered to be priorities*

Where to Go From Here

Once people are familiar with each other and have had a chance to share ideas and opinions, the team will need to decide on how to proceed. More meetings and actions will be planned and the group will begin to become more focused.

Before moving on to the next phase, the Organizing Team should have a good understanding of the following ideas and concepts:

- *the meaning of "community-based" services*
- *the critical aspect of community ownership and citizen participation*
- *Population Health Promotion & Wellness*
- *healthy communities and the role of a CHC*
- *Department of Health and Wellness expectations and guidelines for community development (framework for CHC)*

Future Meetings considerations/What should we do now?

- *What is the agreed upon purpose of the next meeting? (i.e. inform, plan, decide, etc.)*
- *What are the preset concerns, interest and expectations of the Organizing Team and other members?*

- *Are additional resource people needed to help at this point (e.g. variety of DH & W representatives, local service providers who have information about local health issues)?*
- *Are the jobs and responsibilities fairly divided? Do people understand the responsibilities they have (i.e. recorder, facilitation, information gatherer, logistics, etc...?)*
- *Where & when could future meetings most effectively take place?*

3.2 What is the Role of Your Organizing Team During the CHNA?

The following are some of the responsibilities of the Organizing Team during the CHNA:

- *Carrying out the CHNA activities.*
- *Providing continuity and stability to the CHNA project.*
- *Deciding on division of work responsibilities within the Organizing Team.*
- *Setting guidelines by interpreting goals, direction and priorities for ongoing CHNA development activities.*
- *Advocating for community health issues and working on behalf of the community. This is done to draw attention to the health issues, gain support and establish credibility with politicians, funders and within the community of significance.*

When the Organizing Team is ready to start the CHNA activities, it is important for the group to maintain this momentum during the months of work ahead. Doing some of the following might help the group:

- *Review, from time to time, the progress of your group.*
- *Keep the people in your community informed of your work.*
- *Continue to recruit participants and volunteers for the CHNA project.*
- *Take the opportunity to visit other CHCs that are operational.*

3.3 Specific Information about the CHNA

In general, the purpose of the CHNA is:

- *to identify the degree to which the health issues exist;*
- *to identify the prevalence of the health issues i.e. "how much" they exist;*
- *to determine how these health issues affect the people in the community.*
- *to identify assets in the community.*

In order to obtain this information, it is necessary to "tap into" and explore many sources of information. The information that it needs is both quantitative (data, statistics) and qualitative (the opinions, preferences and attitudes of people in the community). All of this information is then combined and analyzed in order to determine the priority health issues that the CHC will address.

Section 4:

Designing Phase:

4.1 How Does the Organizing Team Know What Kind of Information is Required?

The challenge facing an Organizing Team is to develop a plan which outlines:

- *what information is needed*
- *where it is to be found*
- *how it will be collected*

Break the plan down into specific tasks and assign people or small groups to attend to these tasks. In addition, specify the time it will take to complete the tasks. Finally, it may be helpful for the plan to include statements that will describe what things will look like if the activities and objectives are achieved. Keep in mind that the plan should be flexible. There is no doubt that once implementation begins, it will have to be revised from time to time.

What are Other Sources of Help for the Organizing Team?

- *Universities and Community Colleges.*
- *Other government departments.*
- *Other organizations and groups in your community.*

- *Charitable organization.*
- *Other Community Health Centers.*

Any of the above may have people who are willing to help the Organizing Team on a voluntary basis.

4.2 Hiring Consultants

A consultant can be especially valuable to the Organizing Team in terms of expertise in working with community groups and planning health and social services.

Hiring a consultant is one option for an Organizing Team to consider if:

- *there are funds available; and/or*
- *the group does not have the experience necessary to do the job.*

Tasks for a Consultant doing a CHNA:

The following are suggestions of the types of tasks that a consultant might be expected to complete for an Organizing Team. Depending on financial resources and volunteer skills and available time, the Organizing Team can decide to complete some of these tasks on their own.

Consultant Tasks:

- Meeting with the Organizing Team to listen to the group's vision for the CHC and their understanding of community health issues;
- Developing a methodology for collecting data for the CHNA;
- Designing questionnaires, focus group questions, key informant interviews – tools to be used to collect information;
- Accessing statistical information from a variety of sources that will provide demographic and health status information about the community;
- Collecting information; and
- Analyzing and providing a synthesis of the data.

4.3 Forging ahead Without the Help of a Consultant

As mentioned, most developing groups do not have the resources to hire a consultant. This is not always a barrier to proceeding with plans. Although most Organizing Teams will feel the need to contact outside organizations and individuals for help, they are able to accomplish a great deal on their own.

4.4 What Determines Health?

When we think of CHNA, we immediately think of counting the number of heart attacks, broken bones, cases of influenza and other illnesses and injuries. A comprehensive CHNA goes beyond the obvious problems to look at the underlying causes as well. For example, if you know that you treat a large number of people each year as a result of car accidents and falls, you could simply increase the number of trauma teams. Another approach would be to look at the causes of these injuries first and then to develop a plan to prevent as many injuries as possible and to deal effectively with those that do happen. A comprehensive CHNA will also include looking at the overall health of a community (population health), not just the factors affecting any one individual.

The health of a community is affected by many factors beyond the traditional health field. This immediately suggests that partners outside the health field be included in the assessment process.

Our understanding of what makes people healthy or sick has changed a great deal through the years. A bacterium causes tuberculosis but crowded housing is a contributing factor. We know that people with low incomes have a much greater risk of dying young, even after controlling many lifestyle factors. Lack of education condemns many to unemployment or low paying jobs which increases their risk of illness. Illness isn't a straightforward disease process. Social and psychological factors may be far more powerful than biology. In determining health issues, we must look beyond the obvious to the underlying causes.

4.5 The Ottawa Charter on Health Promotion:

In 1986 the World Health Organization released the *Ottawa Charter on Health Promotion* which stated that peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity are required for health. Decision-makers were alerted that health issues should be on the agenda of all policy makers because the health sector alone cannot address all these factors. Promotion and protection of health goes beyond health care. Health cannot be separated from the environments in which people live.

The Ottawa Charter called for action in five areas:

- 1- Building healthy public policy to ensure that all sectors contribute to good health.
- 2- Creating environments that support physical, social, economic, cultural and spiritual wellbeing.
- 3- Strengthening community action so that communities have the capacity to set priorities and make decisions on issues that affect their health.
- 4- Developing personal skills so people have the knowledge and ability to meet life's challenges and contribute to society.
- 5- Reorienting health services to create systems that focus on the needs of the whole person.

4.6 The Health Determinants:

These ideas matured further and in 1994 *Strategies for Health: Investing in the Health of Canadians* was approved by the Federal/Provincial/Territorial Ministers of Health. It identifies the health determinants as:

1- Income and social status

It is not the amount of wealth but its distribution that makes the difference to health. Social status also affects health by determining how much control people have over circumstances such as housing, nutrition and physical activity.

2- Social support networks

Support from families, friends and communities is vital to help people cope with difficult situations and maintain a sense of control over their lives.

3- Education

Education provides knowledge and skills for daily living and increases opportunities for employment.

4- Employment and working conditions

Meaningful work with economic stability and a healthy work environment are linked to good health.

5- Physical environment

Air and water quality, housing and community safety have a major impact on health. For example, if you do not feel safe in your neighborhood, you are not likely to take an evening walk. We now understand how dangerous environmental tobacco smoke is. There are communities that do not have a safe water supply.

6- Biology and genetics

Some people have a genetic predisposition to certain illnesses. Diabetes is one example.

7- Personal health practices and coping skills

Effective coping skills enable people to solve problems and make choices that enhance their health.

8- Healthy child development

Prenatal and early childhood experiences have a lifelong effect on health.

9- Health services

There is a relationship between availability of preventive and primary care services and improved health. The historic Alma-Ata Conference, convened by WHO and UNICEF, focused world attention on Primary Health Care as a key to achieving an acceptable level of health. Primary Health Care is first-line basic and essential health care such as immunization.

Analysis of the underlying factors that determine health takes CHNA beyond counting the number of cases of an illness or injury towards creating practical tools for planning and program development.

4.7 The Four Categories of Information in a CHNA

- 1- Health status (statistics)
- 2- Health needs identified by community (survey)
- 3- Public feedback during community gatherings
- 4- The community's assets (profile)

These sources of information provide a detailed picture of a community's health, which can be used by community members, program planners, and decision-makers.

Each component builds on the broad determinants of health. The broad determinants of health are what makes us and keep us healthy.

4.8 The CHNA Approaches (Tools)

Once it is clear about the kind of information that is required to do the CHNA, the team needs to decide how this information will be collected and proceeds in the development of a plan. A CHNA uses some combination of the following approaches (adapted from *Doing It Right! A Needs Assessment Workbook*, published by the Edmonton Social Planning Council (1988)).

1. Indicators
2. Service Use
3. Key Informant Survey
4. Community Groups/Public Forums
5. Field Surveys

These approaches are discussed in more detail in the following pages.

1. Indicators

Information about the following kinds of social indicators must be included and can be obtained from census data, government statistics, public records, local planning and organization reports and agency reports:

- **Demographic indicators** such as: age and sex and languages spoken.
- **Socio-economic indicators** such as: the unemployment rate, incidences of low income, education level of the population aged 15 and over. Other *socio-economic* indicators might

include: employment patterns, housing, percentage of people relying on social assistance.

- ***Access to service indicators:*** an indicator of poor access recognized by the DH & W is an under-served area designation, which is related to physician services. Other access factors to consider include: access to health and social service providers other than physicians, access to primary care.
- ***Other social indicators*** that should be assessed include: social behavior and health status such as: morbidity and mortality, suicide rate, drug abuse, crime rate, accident statistics, family patterns such as working mothers, obesity, physical activity, tobacco use etc.

2. Service Use

A complete inventory of agencies and health and social services provided in the community should be included in the proposal. The list should provide the following:

- *information on people's concerns as reflected by the use of and demand for services; and*
- *information on those services that are available to meet particular issues.*

From this information, you can estimate the gap between what services exist and the services required.

3. Key Informant Surveys

There may be certain people in a community who are in a position to understand social and health issues. They are called key informants and include any or all of the following:

- *service providers from other agencies;*
- *program planners in public or private agencies;*
- *school personnel (teacher, principals, counselors);*
- *clergy;*
- *public health staff*
- *medical profession*
- *community volunteers;*
- *representatives of funding bodies;*
- *community mental health workers;*

- *public officials (local politicians, MLAs, MPs).*

It is important to keep these people up-to-date and involve on the progress of your CHNA

If key informant surveys are to be used, select appropriate people who represent a variety of opinions and perspectives. Key informants can be interviewed in small groups, through questionnaires, telephone interviews or individual face-to-face interviews. Sometimes information from key informants provides a good basis for designing community surveys/questionnaires.

4. Community Groups/Public Forums

The purpose of community forums is to bring together interested citizens to get feedback about health issues and social service concerns. Information is presented and a discussion is held and highlights of the discussion are recorded.

5. Field survey

Surveys are usually seeking:

- *actual information such as family size and composition, income and ages;*
 - *perceptual information regarding people's understanding of their own or other's concerns;*
- and*
- *experiential information describing people's behavior patterns such as use of services or life events.*

Standardized surveys are usually distributed to a representative sample of the community. It would be impossible to reach everyone! Surveys are most effective when used after issues have been identified either through service use information or key informant interviews. Surveys are a good method for getting perceptions and opinions from community members. They are commonly used in CHNA because they can cover a large area fairly well and the survey process can be done with a minimum number of people.

To carry out a survey:

- *decide on who in the community (random sample) will receive a copy of the survey;*
- *decide on how it should be distributed (e.g. mail-out, hand-delivered, drop-box etc.);*
- *design a questionnaire (ask for help from outside agencies, organizations to ensure that questions will be relevant);*
- *conduct the survey;*

- *code and interpret the results; and*
- *present the results (summarize the results in tables, graphs etc).*

4.9 The CHNA Profile (Assets):

A CHNA includes community assets as well as community issues. Communities have many strengths or capabilities. Some of these assets may be in fields other than health, but the skills could be transferred. The level of success in community development depends not only on wealth, level of education or access to natural resources, but also on how community members are willing to work together. Community assets could be physical resources in the community such as churches, community centers, and playgrounds or they could also be human resources provided by volunteers, local leaders, youth choirs, and local artists.

Effective community building starts from the inside with the community members themselves. "Each community boasts a unique combination of assets upon which to build its future. A thorough map of those assets would begin with an inventory of the gifts, skills and capacities of the community's residents" (Kretzmann and McKnight, 1993).

Information to build the community asset map is collected by community members through household interviews, informal surveys, and small group meetings. Community assets are plotted to emphasize what the community has, as opposed to its health issues.

The asset-mapping model developed by Kretzmann and McKnight is an intense and thorough examination of all human resources within a community or neighborhood. This guide offers a modified version of the asset map by which to develop the community profile. The profile focuses on physical assets, organizational assets, and professional assets and resources.

What Is a Community Profile?

A community profile is a very important component in the CHNA process. It builds on the framework of the seven categories (social/family, disease, lifestyle, environment, economic security, safety, and education). Based on this framework, the profile describes existing resources such as:

- service providers;
- health, education, recreation, and public facilities;
- regional health budget;
- community service groups and volunteer organizations; and
- business/private sector.

The community profile is a comprehensive picture of the resources in that community. It tells you about the assets of the community and identifies professional and service groups and their contact persons.

Why Is a Community Profile Important?

The community profile is a unique resource *about the community for the community*. The profile is a useful tool because it informs the residents of the available resources in their community, both sponsored and community initiated. It enables community members to take ownership to help themselves and their neighbors to stay healthy.

Developing the Community Profile:

Step 1: Form a Profile Committee

Get the community involved in the first component of the CHNA process by establishing a committee of local volunteers. These volunteers should be representative of the community (as much as possible) to allow for a range of perspectives.

Step 2: Establish a Set of Indicators

An indicator is a measurement of something, similar to a gas gauge on a car. In this case, indicators are measures of community health assets. The set of indicators used to develop the profile should reflect the broad determinants of health identified earlier in this section. The volunteer committee compiles a list of resources and assets found within the community under the categories of social/family, disease, lifestyle, environment, economic security, education, and safety.

There are four types of resources:

- **physical** (facilities, equipment, buildings, and technology);
- **organizational** (services, professional, community, arts, and volunteer);
- **individual** (skills, experience, abilities, and knowledge); and
- **financial** (the health budget for the community/region which should be included in the profile).

Step 3: Gather the Information

Most of this information can be found through the local phone directory and by contacting local boards and agencies (e.g. Boards of Education, municipal offices, local health agencies, and local community services groups). To gather information on new groups or other missing elements, committee members may want to interview formal and informal leaders from the community. Table 1 provides some examples of indicators that can be measured to develop the community profile.

Step 4: Develop the Profile

The final copy of the profile should be written in an informative and user-friendly manner. The CHNA Organizing Team may wish to encourage others in the community to make use

of this profile. Professionals can use the community profile to direct clients. As well, the community profile enables service providers to enlist help from the community in resourcing the most appropriate services for their clients. The community profile could work well for physicians, hospitals, police departments, and information lines. It provides contact names and phone numbers of community service groups that are willing to provide assistance whenever possible.

Table 1: Examples of Community Indicators for Community Profile

Categories	Physical Resources	Organizational Resources	Individual Resources
<i>Social/Family</i>	▪ churches ▪ community centers/halls ▪ community homes	▪ Boys and Girls clubs or youth service groups ▪ parent support groups ▪ community service groups ▪ babysitting clubs	▪ volunteers ▪ service group members ▪ spiritual leaders
<i>Disease</i>	▪ hospital beds ▪ health clinics ▪ long-term care facilities ▪ pharmacies	▪ disease-related support agencies (Red Cross, Cancer Society, Heart and Stroke Foundation)	▪ health service professionals ▪ volunteers
<i>Lifestyle</i>	▪ fitness centers ▪ weight loss clinics ▪ sports/recreation facilities (indoor/outdoor) ▪ tourist sites	▪ outdoor fitness clubs ▪ AA groups ▪ self-help groups ▪ craft guilds	▪ coaches and instructors ▪ community leaders ▪ volunteers
<i>Environment</i>	▪ landfill site ▪ waste water treatment ▪ recycling collection depot ▪ household compost	▪ "green" watchdog group ▪ volunteer organizations ▪ private industry	▪ concerned citizens ▪ "green" entrepreneurs
<i>Economic Security</i>	▪ businesses employing more than 30 people ▪ home-based businesses in community ▪ abandoned/unused buildings ▪ food banks ▪ subsidized housing	▪ Chamber of Commerce ▪ business Improvement District ▪ municipal government ▪ housing cooperatives	▪ entrepreneurs ▪ business people
<i>Education</i>	▪ schools ▪ day care centers ▪ post-secondary institutions (college, university) ▪ local educational programming (tv, radio, print) ▪ libraries	▪ Parent-Teacher Associations ▪ Distance education programs	▪ teachers ▪ teacher assistants ▪ peer tutors ▪ librarians
<i>Safety</i>	▪ fire hall ▪ local police station ▪ women's shelters ▪ ambulances ▪ emergency rooms	▪ Neighborhood Watch ▪ Block Parents ▪ volunteer fire department ▪ family abuse programs	▪ fire fighters ▪ police officers ▪ ambulance attendants ▪ family abuse councilors

Other Uses for the Profile:

A Community Portrait can be developed from your community profile information. This can be a useful tool to promote your community to prospective tourists, visitors, and businesses. A portrait is not just a boring list of facts or a simple inventory of your community. It should include an introduction to your community which gives your reader a sense of its location, culture, and history, and highlights of the socio-demographic information collected. A community Web page is an innovative use of the portrait making it available to people not only within the community, but outside the community as well.

Create a Community Directory from the mass of information collected. You will have collected information listing government departments and offices, local organizations and service clubs, community facilities, local businesses, and agencies operating in and for your community. Consider putting together a Community Directory using this information. You may wish to produce one large directory, or you may choose to develop several smaller directories (e.g. business directory, community facilities directory). The directory should include: name of organization or facility, address, telephone and fax number, Internet address, hours of operation, brief description, and contact person. Use the front of the directory to educate people about community health.

Regardless of the approaches used by the Organizing Team, keep in mind the following:

- *There is no single "right" approach. Your team will probably not be able to get all of the information you want.*
- *Information can be collected in many ways. The key is to try and provide as much accurate information as possible about the health status of the community to be served and the priority health issues and health care access issues that are of concern. A combination of approaches should be used to collect information. Both statistical (quantitative information) and personal feedback from the community (qualitative information) are key components to the proposal.*

It is important to provide feedback to the community about the results of the process they have participated in. The community should be able to comment on the information that has been collected and be invited to make recommendations on the health assessment findings. A community forum is one way to do this.

Section 5:

Collecting Phase:

5.1 Collecting the Information (Data)

The amount of data available for CHNA can be both overwhelming and disappointing. You can become swamped in such a sea of figures that they lose meaning. At other times, the exact information you would like to have is unavailable so you need to seek proxy measures. In this report we highlight a few sources that you may find useful as you decide which data to collect.

5.2 Committees – Where the Work Really Happens

The Organizing Team and other volunteers may need to organize into smaller working groups. The work is broken down into manageable parts. You may also decide that there are areas that require more work and other committees should be “struck” or formed. The need for committees will become clear once the group has developed a plan.

It is up to your Organizing Team to organize and name your committees and it is up to the people on the committees to decide how to get work done. Committee members will decide how often they should meet, and who should do what. During the CHNA, some committees to consider forming are:

- **Information Committee (or “Research Support” Committee)**
These committee members collect the required information describing their community. Much of this information is contained in reports and studies by other organizations and planning bodies such as the DFCS, HRD-NB, Social Service Departments, Statistics Canada, DHW, etc. Committee members can also be involved in drafting community surveys and in setting up consultation sessions, interviews and focus groups, etc.
- **Fundraising and Finance Committee**
Financial issues will probably come up during the course of the assessment process. There will also be some costs associated with collecting data and conducting the CHNA
- **Community Outreach/Volunteer Recruitment Committee**
There is an important role for this committee, particularly if it is active and committed to involving the broader community. The committee can perform a public relations function, and be on the lookout for new volunteers and project supporters, all of which are key to a successful project.

These are just suggestions. Your team should decide on where the priorities are and committees should be established in order to get the work done. Committees are excellent ways to train and recruit new volunteers, and it is through smaller working groups that organizations get most of their important tasks accomplished.

Strong community and key leadership are important elements in achieving success. Keep the community informed and involved. Hold activities that they can participate in such as community health days and forums.

Section 6:

Analyzing Phase:

6.1 Analyzing the Information (Data)

This framework outlines types and sources of data but will not provide depth in data analysis. In the districts, the medical health officers and the epidemiologists are a good resource regarding data collection and analysis methods.

Data that is not collected directly from the source by the health assessor is considered primary data. An example would be results from focus groups conducted with district residents for the CHNA process. Secondary data, on the other hand, is pre-existing information collected for some other purpose. Census data and hospitalization data are examples.

There are two main types of data: statistical or quantitative data and qualitative or descriptive data. Assessing community health concerns requires a careful mix of statistical data with qualitative information from the community about what it perceives as the most important problems.

Statistical analysis is a means of describing baseline population characteristics, measuring change and testing hypotheses. Managing the data first requires that you ask what the data will tell you and what you hope to learn from them. What is the quality of the data? (Do they truly measure what they say they do?) How will you organize the data for analysis? How will you describe them when they are organized? Analysis will require consideration of adjustments for age, gender and other risk factors. Are the results statistically significant? How much can you interpret from the data?

At this stage in the process, the health assessors have a wealth of information but it will be of limited use until it is translated into priorities for programs on services development. The purpose of analysis is to rank the issues and make recommendations about priority actions. This is where health assessment becomes an integral part of the planning cycle.

6.2 List of four analysis tasks:

- 1 Identify trends in statistics for all age groups and consider available projections of trends.** Look at demographic, major disease, injury and lifestyle patterns as well as service utilization based on demographic changes.
- 2 Identify significant district findings.** Compare the district with other similar districts as well as the province and the country. Compare health and social indicators with baseline data. Consider unique geographical areas or neighborhoods within the district.
- 3 Identify verifiable findings for action over the long term.** Are there preventable health problems? Identify significant health problems, service gaps, and duplication or access issues. Highlight issues for which there is strong expressed public opinion. Verify the findings selected for action by, for example, using a focus group.
- 4 Assess and recommend to the Board and Senior Managers the nature of actions required to address the findings.** Consider gathering additional data or changes to the CHNA process. Identify the most significant health problems/issues. Consider areas where integration of services may address identified issues. Identify to the Board issues about which there is strong public opinion. Consider integration or cooperation with other service providers. Recommend options to the Board and Senior Managers.

Section 7:

Priorizing Phase:

7.1 How to Determine Priorities

Once a large amount of information has been collected, the next task is to make decisions about the goals of the proposed programs or services it would like to offer the community.

The following considerations should be taken into account:

- *Are the programs/services consistent with the CHC model?*
- *Are they consistent with programs/services typically offered in CHC?*
- *Is the program feasible? Is it realistic? Are the resources needed to implement it likely to be available?*
- *Is the potential program direction in line with the goals of the proposed CHC?*

Decisions are usually more balanced and better accepted if they involve discussion with community members as well as the team, staff and professional group. Discussion can help everyone to understand the constraints of the system and to accept that trade-offs must be made. Involving citizens also allows you to draw on their resourcefulness in finding creative solution to difficult problems.

Priorizing Health Issues and Choosing Between Alternatives

There are several methods for deciding which programs or services are priorities for the community. The Organizing Team needs to agree on the way it will make decisions about the services or programs to be offered to the community.

Information to Help You Priorize:

In general, the basic programs within a Community Health Centre (CHC) are the holistic primary health care program and the health promotion program.

In most CHCs the primary health care program/services and the health promotion are the initial CHC programs. The CHC will develop other programs and services in time, according to the concerns and interests of the community.

Primary Health Care

Some services included under the primary health care program/services include: diagnosis, treatment, referral and other activities related to health maintenance.

It is important to focus on services geared to addressing issues of access for people in the community. Think about how programs/services might be offered in a way that minimizes or

removes barriers of access. Examples of barriers include the hours that services are provided, the locations in which services are available, and social and cultural barriers like language, that make it difficult for people to use services.

Health Promotion

Services developed under the health promotion program usually represent a central focus for a CHC. Health promotion is concerned with creating living conditions in which people's experience of health (well-being) is increased. (Excerpted from *Determinants of Health: Empowering Strategies for Nursing Practice – A Background Paper*, by Ron Labonte, Community Health Consultant)

For example, in some communities, information collected might show a higher proportion of single women with children, of low-income status, who suffer from higher levels of stress than the rest of the population. During the CHNA process, people in the community might have consistently talked about their concerns for women centered health promotion programs. This information demonstrates that women's health issues seem to be a priority in the community.

7.2 How to Use the Result

Four different, but complementary pictures of health could emerge from the components of the CHNA: "health assets, observed health status, perceived health concerns, and the urgent or vocal concerns.

Informed decision-making to address priorities, therefore, starts with knowing how important the problem is (as identified in the CHNA), and knowledge of the assets available to the community and the decision-makers.

There are many ways to use the wealth of information generated during the CHNA process....how it gets used depends on the purpose or goals that were established during the planning phase. The information gathered may be used in any or all of the following ways:

- *As a baseline for comparison for future assessments.* The quantitative and qualitative data gathered through this process can be used as a benchmark to measure the community's ability to respond to change. An improvement in the community's health can be assessed on the basis of the first CHNA
- *To develop program directions.* The results of this process will identify a number of areas of "concern". As well, this process will identify community-based assets that can be employed or developed in order to respond to these concerns. Current program directions may also be supported or validated through the results of the study.
- *As a means of comparison between communities or regions.* CHNA results provide comparisons between regions and communities. This comparison is made easier when results of each component are collected in a consistent manner by each community. If

the main purpose of the CHNA is comparative analysis, then regional control of implementation is needed. However, if community building is deemed to be more important, it is recommended that each community be allowed to implement CHNA components in the manner most appropriate to its resources and context.

- *As a springboard for broader community development initiatives not directly related to the health sector.* This Guide was written with health professionals in mind. However, because the focus is responding to the broad determinants of health, the process used in the CHNA process can be adopted by community groups searching for a better and healthier tomorrow.

The following is a list of potential CHC program areas. This is a starting point for the Organizing Team in developing its own list. The programs are not listed in any particular order.

7.3 Potential CHC Program Areas

- *Clinical Primary Health Care (i.e. diagnosis, treatment, referral)*
- *Nutrition Counseling*
- *Family Support Programs*
- *Prevention and Treatment of Child Physical and Sexual Abuse*
- *Prenatal Care*
- *Obstetrical Support/Services*
- *Well-baby Clinic*
- *New Moms/Parent support services (e.g. friendly visiting, nutrition programs, outreach , lunch programs, cooking groups)*
- *Women's Health Program (e.g. cervical and breast screening)*
- *Stress Management*
- *Diabetes clinics, education and support programs*
- *Fitness Management*
- *Chiropody (i.e. foot care)*
- *Community development and community Initiatives (i.e. Community gardening, community safety projects, anti-racism projects)*

- *Health Education*
- *Smoking Cessation*
- *Environmental Health Action*
- *Housing advocacy*
- *Community Economic Development*
- *Individual/Group/Family Counseling*
- *Substance Abuse Counseling, Referral*
- *Family Violence/ wife and sexual Assault*
- *Employment Support/Life Skills*
- *Training*
- *Physiotherapy and Rehabilitation*

and more...

Section 8:

Conclusion:

Community Health Needs Assessment provides the foundation for the development of a healthy community.

It establishes a sound basis for decision-making by identifying strengths and weaknesses as well as some of the underlying causes of health outcomes.

Furthermore, community development initiatives depend on the local community taking control or "ownership". Their continued involvement throughout the implementation process of the CHNA strengthens the initiative's capacity to provide appropriate health promotion and risk prevention activities and a continuum of coordinated services to achieve a healthier community.

Section 9:

Some Useful Definitions:

1. Assessment

An assessment is defined as a process of gathering information for the purpose of measurement.

2. Assets

Assets are the resources found within any community. Assets can be *physical resources* (budgets, grants, funding alternatives), *people-based resources* (local organizations, volunteer groups, private business, government), or *individual resources* (personal skills, experience, capacities, gifts).

3. Community

Community is often defined as a geographic area or region. Within a region, many other communities may be identified.

These include:

- smaller geographic areas;
- people who share the same culture;
- people with a common interest, concern, or shared emotional connection; and/or
- people with a shared sense of identity and sense of belonging.

4. Demographics

Statistical study of people with reference to vital statistics (e.g. births, marriages, deaths, etc.), housing, education income, social patterns/values, etc.

5. Framework

Model or frame of reference to guide the collection and interpretation of data, or the development of policy; identifies major elements to be considered in assessing the health needs of the population.

6. Health

Health includes physical, mental, emotional, and spiritual well-being. Today's view of health is that it is a **"resource for everyday life, the extent to which an individual or group is able, on the one hand to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment"** (World Health Organization, 1984).

7. Health promotion

Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health.

Health promotion is not just about pamphlets and posters. It includes education, training, research, and community development.

Health promotion is a group effort. It requires the coordinated action of national, provincial and local governments, industry, service providers, voluntary organizations and people from all walks of life. Health, therefore, is not solely the responsibility of the health department but of all people, governments, industries, social institutions, communities, families and friends.

8. Indicators

Indicators are criteria that help you understand where you are, which way you are going and how far you are from where you want to be. Indicators are measurable and can be verified by objective observation.

9. Intersectoral collaboration

Intersectoral collaboration is a recognized relationship between different sectors or between parts of different sectors of society. This collaboration has been formed to take action on an issue to achieve a common goal in a way which is more effective, efficient or sustainable than might be achieved by the health sector being alone.

Intersectoral refers to the inter-relationship among all sectors or parts of society. An intersectoral approach means involving representatives from a wide variety of groups such as governments, business, labor, health, education, environment, agriculture and other agencies and interests.

10. Long term

Three to ten years considering the length of time required to influence disease risk factors and community lifestyle patterns, and the duration of the selected cycle for collecting needs assessment information.

11. Needs

Needs are defined as problems, not solutions or wants. Needs may be:

- problems to be solved;
- gaps to be filled; and
- things to be improved.

12. Partnerships for health promotion

A voluntary agreement between two or more partners to work co-operatively towards a set of shared health outcomes. Such partnerships may be limited by the pursuit of a clearly defined goal or may be ongoing, covering a broad range of issues and initiatives. Increasingly, health promotion is exploring partnerships between the public sector, civil society and the private sector.

13. Population health

Population health is an approach that addresses the entire range of factors that determine health and, by so doing, affects the health of the entire population.

14. Population health promotion

A recently introduced Canadian term that builds on the complimentary of health promotion and population health. It is represented by Health Canada's Population Health Promotion model, which shows how a population health approach can be implemented through action on the full range of health determinants by means of health promotion strategies.

15. Public participation

Public or community participation is the active participation of people living together in some form of community in the process of problem definition, decision-making and action to promote health.

16. Satellite community

A satellite community is a small community economically or otherwise dependent on a nearby larger town or city. These satellite communities attract families, especially those with children of school age. Residents of satellite communities are often employed in the city, and use many of the services in the city.

17. Sector

A sector is a distinct part or branch of the government or society as a whole. For example, there is the health sector, the education sector, the economic sector, the industrial sector and so on.

18. Service provider

Service providers include health professionals, para-professionals, alternative therapists, self-help groups and volunteers providing services to district residents.

19. Statistics

Statistics are numerical representations of the health status of the population under study based on the broad definition of health. An epidemiologist is a person who collects and analyses statistical information on health.

20. Vision

A statement of the preferred future in the context of the mandate of the organization; how the Board would like to influence the health of the population and the services they would like to provide or recommend to support health.

Section 10:

Annotated Bibliography:

Carley, Michael and Ian Christie. **Managing Sustainable Development.**

Earthscan Publications Ltd, 120 Pentonville Road, London N1G 9JN. 1992.

The focus of this book is on the constraints to improved human resource management and organizational capacity, and the means to improve that capacity.

Connor Development Services. **Diagnosing Community Problems.**

Development Press, 5096 Catalina Terrace, Victoria, BC, V8Y 2A5. 1987.

Presents a method for uncovering community problems discusses the different meanings attached to the term "need" by community members and develops a process to help you set priorities and decide which need to address first.

Garbarino, James. **Toward A Sustainable Society: An Economic, Social and Environmental Agenda for Our Children's Future.**

The Noble Press, Inc., Chicago. 1992.

Garbarino analyses how conventional economic thinking, with its emphasis on production and consumption, has not met real human needs and has in fact lessened the general quality of life. He demonstrates how continuing adherence to our outdated economic models will promote even greater environmental degradation, a collapse of social welfare, and the further devaluing of families.

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McMaster University, Faculty of Health Sciences. Canadian Public Health Association, Suite 400, 1565 Carling Avenue, Ottawa, Ontario, K1Z 8R1. 1980.

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Edmonton Social Planning Council, #41, 9912-106 Street, Edmonton, Alberta, T5K 1C5. 1988.

An excellent resource to help community groups decide if they need to undertake a needs assessment. It works through all the steps of a needs assessment and includes five worksheet exercises intended to clarify a group's options and decisions about their needs assessment.

Health and Welfare Canada. **Community Health Needs Assessment Manual.**

Health and Welfare Canada, Medical Services Branch, Jeanne Mance Building, Room 1049, Tunney's Pasture, Ottawa, ON, K1A 1B4. 1991.

Describes the steps required to conduct a health needs assessment. It is most applicable for groups who decide to hire a consultant or staff to undertake a large-scale needs assessment.

Rural and Small Town Programme. **Stepping Forward: Discovering Community Potential, Acting on Challenges.**

Rural and Small Town Programme – Mount Allison University, Sackville, N.B. 1995.

The Rural and Small Town Programme offers Stepping Forward – a tried and tested tool for community economic development. The Stepping Forward resource kit equips community leaders with a set of 7 easy-to-use tools for conducting an effective planning process.

1. Getting Started: A Guide for Community Leaders
2. Examining Information: A Guide to Collecting Community Data
3. Community Strategic Planning: The Workbook
4. Who's Leading Who?: Motivating and Inspiring Collective Action
5. Getting the Message Out: A Guide to Community Education and Awareness
6. Don't Waste My Time: A Guide to Meeting Effectively and Making Decisions
7. InfoQuest: Community Attitudes and Practices Software and Manual

Friend, John and Allen Hickling. **Planning Under Pressure: The Strategic Choice**

Approach. Pergamon Press, Oxford, 1987.

This book confronts the realities which planners must face when tackling complex decisions in a strategic way: uncertainty, shortage of time, limited resources and conflicting interests and demands.

Lewis, Mike and Frank Green. **Strategic Planning for the Community Economic Development Practitioner.** The Westcoast Development Group, 163 West Hastings, Suite 337, Vancouver, BC V6B 1H5. 1992

This book is intended as a guide for organizations wishing to team up the principles and practices of strategic planning with those of community economic development (CED), to the ends of community empowerment and self-reliance.

Brudney, Jeffrey L. **Fostering Volunteer Programs in The Public Sector.** Jossey-Bass Publishers. San Francisco, Oxford. 1990.

This book shows how private citizens and public agencies can work together to provide a wide range of public services—from neighbourhood crime watch to mental health assistance. It describes effective methods for managing volunteer programs sponsored by public agencies, and demonstrates how volunteer programs can enhance the quality and impact of government services.

McCurley, Steve and Sue Vineyard. **101 Tips for Volunteer Recruitment.** Heritage Arts Publishing, 1807 Prairie Avenue, Downers Grove, IL 60515. 1988.

This book introduces recruitment planning, the act of recruitment, and mass recruitment of volunteers.

McCurley, Steve. **Recruiting Volunteers For Difficult Or Long-term Assignments.** VM Systems, Heritage Arts Publishing, 1807 Prairie Avenue, Downers Grove, IL 60515. 1991.

This book introduces ways to locate and recruit long-term volunteers willing to give both time and commitment.

Vancouver Volunteer Centre. **Volunteers: How to Find Them, How to Keep Them.** Vancouver Volunteer Centre, #301 – 3102 Main Street, Vancouver, BC Canada V5T 3G7. 1990.

The aim of this book is to create an understanding of the overall system for involving volunteers: the system which over time determines the success of any recruitment process.

Fitness and Amateur Sports Canada. **Leadership.** Fitness and Amateur Sports Canada. Stittsville, Ontario. 1986.

A workbook that describes different leadership roles and helps readers decide what type of leader they want to be. It describes five essential leadership skills and gives worksheets for assessing your strengths.

Kouzes, James, M. and B.Z. Posner. **The Leadership Challenge: How to Get Extraordinary Things Done in Organizations.** London: Jossey-Bass Publishers. 1988.

This book educates, inspires and informs people looking to develop their own leadership potential or that of others.

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Vision in Action is a pioneering work that addresses one of the pressing business challenges today: integrating your company's strategic goals into day-to-day management decisions. With Vision in Action, you'll discover how you can use your company's strategic vision to achieve concrete management results and ensure steady growth and profitability over the long haul.

Kuefler, Matthew S. **Get on Board!: A Working Guide to Better Board**

Development. Edmonton Social Planning Council, #41, 9912-106 Street, Edmonton, Alberta T5K 1C5. 1992.

Perry, Herb. **The Board, A Winning Team: An Orientation Book for Every Director on the Board of a Non-Profit Organization.** Big Bay Publishing Inc., 821 28th St. E., Owen Sound, Ontario, Canada. N4K 6P3. 1990.

This book is designed to fill the education gap on how to be a member of a board of directors.

Pierce, Fred A. **The Board of Directors: Procedures and Ideas for Directors and Managers of Not-For-Profit Organizations.** Cooperative Resources Ltd., P. O. Box 612, Truro, NS B2N 5E5. Published 1987 – Reprinted 1989, 1993, 1994.

The articles in this book, which were originally printed in Farm Focus, an agricultural paper for the Atlantic Provinces, are brief descriptions of procedures and ideas for Directors and other interested people.

Rural and Small Town Programme. **Volunteer Housing Boards Skill Development**

Resource Kit. Rural and Small Town Programme – Mount Allison University, Sackville, N.B. 1995.

Finally, a self-help learning tool for volunteers: a one-time expense for training and no costly facilitators required. Ten training modules are designed to be used during a board or committee training sessions, as an educational session, in a workshop, or during a retreat.

Community Council of Greater Victoria. **How to Get Your Message Out.** Community

Council of Greater Victoria, 1290 Gladstone Avenue, Victoria, BC, V8T 1G9.

Describes the techniques of sending a message through newspapers, television, and radio. The examples included in this booklet are limited to Victoria, British Columbia, but the tips, guidelines, and suggestions are effective anywhere in Canada.

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Ads, Flyers, and Newsletters That Get Results. John Wiley & Sons, New York, 1988.

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Lists sources of information on Canadian communities published by federal and provincial governments. Includes over 200 types of data such as land use, social security payments, birth rates, family income, and housing costs. Does not actually provide the information, but gives document titles, and contact names and phone numbers for ordering the information needed.

Alreck, Pamela L. and Robert B. Settle. The Survey Research Handbook. Richard D. Irwin, Inc. Homewood, Illinois 60430. 1985.

The most important objective in writing this handbook has been to bring together all of the various techniques and principles, skills and activities that are required to conduct a really effective survey project.

Keenan, Brian and Marilyn Mauch. Developing and Using Questionnaires. Program Evaluation and Methodology Division, United States General Accounting Office. July, 1986.

This document summarizes the most important principles and procedures used in developing, writing, and analyzing effective questionnaires. Its purpose is to explain this process so that GAO evaluators can take a more active role in questionnaire development and to demonstrate some of the specialized skills and kinds of professional help that may be needed to construct and use a questionnaire optimally.

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Construction and Question Writing. Canadian Public Health Association, 1665 Carling Ave., Suite 400, Ottawa, Ontario, K1Z 8R1. 1991.

This short, clearly-written booklet discusses types of questions, wording, bias, formats, and pretesting of questionnaires. It gives many examples of good and poor question-writing with checklists, references, and tips on administering the questionnaire.

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The Community Survey Handbook will show you how to find answers to your questions and identify solutions to your problems by leading you through the steps of a survey.

Community Meetings

Bianchi, Sue, Jan Butler, and David Richey. **Warmups for Meeting Leaders.** University Associates, Inc. 8517 Production Avenue, San Diego, CA 92121. 1990.

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Brandt, Richard C. **Flip Charts: How to Draw Them**

How to Use Them. University Associates, Inc. 8517 Production Avenue, San Diego, CA 92121. 1986.

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Centre for Conflict Resolution, The. **A Manual for Group Facilitators.** The Center for Conflict Resolution, 731 State Street, Madison, Wisconsin, USA, 53703. 1978.

Defines the process of facilitating a group, offers guidelines for preparing to facilitate a group and outlines the steps in getting started. Also provides useful information on group processes, group conflict resolution, evaluation of the session and preparing for the things that can go wrong.

Krueger, Richard A. **Focus Groups: A Practical Guide for Applied Research.** Sage

Publications, 2111 West Hillcrest Drive, Newbury Park, California, USA, 91320. 1994.

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A step-by-step, concise guide to reaching mutually acceptable agreements in all kinds of conflict, whether between individuals, within a group, or between groups. It is a classic in the field of negotiation and conflict resolution.

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This book is written for those who want a better understanding of what makes a small group democratic and who want to know how to start a small democratic group or make their current groups more democratic.

McMillan, Bill and Stephen Murgatroyd. Opening the Door: Improving Decisions Through Public Consultation. Dark Horse Books. Edmonton, Alberta. 1994.

This book describes an integrated public consultation model and offers many tips about how to make consultation successful. It also gives readers insight into relationships between public consultation, strategic management, and decision making. This book will be helpful to beginners and experts alike.

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This book provides a five-step outline for program evaluation and has a useful section devoted to human service program assessment. It describes several methods for collecting information and provides details on making sense of information.

Northern Alberta Development Council. Community Impact Assessment Handbook. Levy-Coughlin Partnership, Social Research & Management Consultants. September, 1982.

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Ontario Ministry of Tourism and Recreation. Operational Reviews: Path to Organizational Fitness. Ontario Ministry of Tourism and Recreation, Communications Branch, 77 Bloor Street, 7th Floor, Toronto, Ontario, M7A 2R9. 1987.

This publication provides a framework for evaluating how well an organization is using its resources to provide programs and services that meet its stated goals and objectives. A useful checklist for organizational health is included as are brief case study examples of municipal recreation departments.

Women's Research Centre. Keeping on Track: An Evaluation Guide for Community Groups. Women's Research Centre, 101-2245 Broadway, Vancouver, BC V6K 2E4. 1990.

This guide describes participant-focused evaluation, a method developed especially for community groups. Provides a step-by-step outline on how a group can carry out its own self-evaluation.

Section 11:

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Phase I: Getting Started – Organizing the Community

Phase 2: Needs Assessment and Proposal Development from the A.O.H.C.

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